

## ATTACHMENT C – NOTICE OF INTENT

NOTICE OF INTENT  
TO COMPLY WITH THE TERMS OF  
GENERAL BOARD ORDER R7-2009-0400  
FOR

DISCHARGES OF TREATED GROUNDWATER FROM CLEANUP OF VOCs

### I. REASON FOR FILING

New Discharge or New Facility <input type="checkbox"/>	NPDES Permit Reissuance/Renewal <input type="checkbox"/>	Change from Individual Permit to General Permit <input type="checkbox"/>
---	---	--

### II. EXISTING PERMITS/REQUIREMENTS (IF APPLICABLE):

List any active Board Orders or Permits adopted by this Regional Water Board for this facility.	
1. Board Order No. _____	
2. NPDES Permit(s) _____	

### III. PROJECT/FACILITY NAME AND SITE ADDRESS INFORMATION

Project/Facility Name			
Site Address			
Mailing Address			
City	State	Zip	Phone
1. Assessor's Parcel Numbers: Facility: _____	2. Latitude: Facility: _____	3. Longitude: Facility: _____	
Contact Person			

### IV. CONTRACTOR/OPERATOR (If additional contractors/operators are involved, provide information in a supplemental letter)

Name					
Mailing Address					
City	State	Zip	License Number		
Contact Person	Contractor <input type="checkbox"/>	Operator <input type="checkbox"/>	Contractor/Operator <input type="checkbox"/>		
Owner Type (check one)	1. Individual <input type="checkbox"/>	2. Corporation <input type="checkbox"/>	3. Government Agency <input type="checkbox"/>	4. Partnership <input type="checkbox"/>	5. Other <input type="checkbox"/>

### V. PROPERTY OWNER (If additional property owners are involved, provide information in a supplemental letter)

Name					
Mailing Address					
City	State	Zip	License Number		
Contact Person					
Owner Type	1. Individual	2. Corporation	3. Government	4. Partnership	5. Other

(check one)	<input type="checkbox"/>	<input type="checkbox"/>	Agency <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------	--------------------------	--------------------------	------------------------------------	--------------------------	--------------------------

**VI. Address Where Legal Notice May Be Served:**

Name			
Mailing Address			
City	State	Zip	Phone
Contact Person			

**VII. BILLING ADDRESS (Where Annual Fee Invoices should be sent):**

Name			
Mailing Address			
City	State	Zip	Phone
Contact Person			

**VIII. DISCHARGE LOCATION (If more than one discharge is proposed, provide information in a supplemental letter):**

Street (including address, if any):  		
City/County:  		
Nearest Cross Street(s):  		
Township/Range/Section T_____, R_____, Section_____, SBB&M Attach a map of at least 1:24000 (1"=2000') showing the discharge site (e.g., USGS 7.5' topographic map). The map should also show the treatment system, discharge point, and surface waters. Wells and residences within 1,500 feet shall be identified.		
1. Assessor's Parcel Numbers Discharge Point:	2. Latitude Discharge Point:	3. Longitude Discharge Point:

**IX. PROJECT DESCRIPTION AND TREATMENT PROCESS DESCRIPTION**

Provide a description of the project and the discharge requiring coverage under this General Board Order. If additives are added to your process, briefly describe their composition if the information is available. If treatment is necessary prior to discharge, attach a schematic flow diagram and provide description of all treatment processes. In addition, include the proposed discharge rate in million gallons per day (MGD), the approximate project start date, and the projected discharge duration. (Attach additional sheets, if necessary)		
Start Date_____ Estimated Stop Date_____ Discharge or Design Flow Rate_____ MGD		
Is the discharge continuous or intermittent? _____		

**X. RECEIVING WATER INFORMATION**

1. Name of closest Receiving Water.

\_\_\_\_\_

2. Receiving Water is tributary to (name major downstream water body):

\_\_\_\_\_

Receiving Water Designation  
(check one)

1. Municipal Designated Receiving  
Water  
☐

2. Non-Municipal Designated Receiving  
Water  
☐

**XI. PRIMARY POLLUTANTS/PARAMETERS LIKELY TO BE IN THE DISCHARGE**

Please identify (mark all that apply). Discharger to submit report on analysis of constituents identified below:

☐ Nitrates

☐ Color

☐ Suspended material

☐ Turbidity

☐ pH

☐ Oil and grease

☐ Chlorine

☐ Metals

☐ Total Dissolved Solids ☐ Other (e.g., E. Coli, nutrients, BOD, etc.) (please describe):

\_\_\_\_\_

Priority Pollutant Monitoring – Required of ALL applicants:

Have samples been collected: ☐ Yes (attach results) ☐ No

Do any priority pollutants results exceed the Water Quality Screening Criteria contained in General Board Order No. R7-2009-0400, Attachment B? ☐ Yes ☐ No

If your answer is yes, a facility-specific individual permit may be required from this Regional Water Board rather than this General Board Order.

Are additives in the discharge? ☐ Yes ☐ No

If yes, please specify the additive and/or sample results: \_\_\_\_\_

**XII. ABILITY TO COMPLY**

Do you believe the discharge may have acute or chronic toxicity, chemical, or organic constituents, bacteria, pesticides, oil and grease, radioactivity, salinity, or temperature that may adversely impact beneficial uses of the Receiving Water?

☐ Yes ☐ No

If your answer is yes, a facility-specific individual permit may be required from this Regional Water Board rather than this General Board Order.

**XIII. FEES**

A check payable to the State Water Resources Control Board in the amount of \$6,970 (or appropriate current fee) must be submitted for a New Discharge. (Please mark the appropriate box)

☐ Check Enclosed with NOI

☐ Renewal – Annual Fee is Billed Automatically

**XIV. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)**

Name of Lead Agency: _____			
Has a public agency determined that the proposed project is exempt from CEQA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, state the basis for the exemption and the name of the public agency supplying the exemption on the line below: Basis of the Exemption/Agency: _____			
Has a Notice of Determination been filed under CEQA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.			
Expected CEQA Document and completion date: _____ Estimated completion date: _____			
<input type="checkbox"/> EIR	<input type="checkbox"/> Negative Declaration	<input type="checkbox"/> Mitigated Negative Declaration	<input type="checkbox"/> Categorical Exemption

**XV. CERTIFICATION**

I hereby certify under penalty of perjury that the information provided in this application and in any attachments is true and accurate to the best of my knowledge. By signing this NOI, I agree to closely monitor and stop the discharge if there is any violation of the General Permit.			
The Regional Water Board will be immediately notified of any violation, or threatened violation, of this General Permit.			
Signature of Contractor/Operator		Signature of Property Owner	
Print or Type Name		Print or Type Name	
Title	Date	Title	Date

**XVI. OTHER**

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below: _____ _____ _____
A representative of the Regional Water Board will notify you within 30 days of receipt of your Notice of Intent. The notice will state if your discharge meets the criteria for this General Board Order, whether the Notice of Intent is complete or if additional information must be submitted to complete your application for this General Board Order, pursuant to division 7, section 13260 of the California Water Code.
The completion date of your application is normally the date when all required information, including the correct fee, is received by the Regional Water Board.

**FOR REGIONAL WATER BOARD OFFICE USE ONLY**

Date NOI Received:	Letter to Discharger Sent:	Fee Amount Received:	Check #:
--------------------	----------------------------	----------------------	----------